

**Meeting Minutes of
The Governor's Council on Behavioral Health
1:00 P.M., Tuesday, February 14, 2006**

The Governor's Council on Behavioral Health met at 1:00 p.m. on Tuesday, February 14, 2006, in Barry Hall's Conference Room 126, 14 Harrington Road, Cranston, Rhode Island.

Members Richard Leclerc, Chair; Carrie Blake; Diane Dwyer; Mitch Henderson; Joseph Lee;
Present: Noreen Mattis; Peter Mendoza; Marjorie Rekowski; Neil Corkery; Representative
Bruce Long; Reed
Cosper and Liz Earls.
Ex-Officio Janet Anderson, Assistant Director, Children's Behavioral Health and
Education; George McCahey and Sandy Woods, DCYF; Fred Friedman, Department of
Corrections; Kathleen Spangler, Acting Director; Craig Stenning, Executive Director
and Gene Nadeau, Acting Executive Director all of MHRH; and Marie Strauss,
Department of Elderly Affairs.

Guests: Tom Coderre, RICares; Jill Beckwith, Rhode Island Kids Count; Chris Counihan, CIS
Project Manager; DCYF

Staff: John Murray, Richard Sabo, Kim Harris and Connie Cirelli

Once a quorum was established, the Chair, Richard Leclerc, called the meeting to order at 1:10 p.m. After introductions were conducted, the Chair entertained a motion to accept the Minutes of January 12, 2006. A motioned was made and seconded to approve the minutes of January 12, 2006. All were in favor, and the minutes were approved as written.

POLICY ACADEMY – TRANSITIONING YOUTH

Richard Leclerc introduced Janet Anderson, Ed.D., Assistant Director DCYF for Children's Behavioral Health & Education.

Janet stated that for several years MHRH and DCYF have had ongoing conversations regarding services for youth transitioning from the child and youth system into the adult system for both mental health and developmental disabilities. Janet spoke about their struggle with funding and their efforts in terms of coordination and collaboration which have been good for some youth, but they have not been able to get a full system in place for all youth.

Janet reported that SAMHSA presented an opportunity last summer for a Policy Academy to support leaders from the states to meet together to craft potential policy and legislative changes needed to allow for significant movement in the area of children's behavioral health that would aid in the system of care. Rhode Island chose to take on transition of youth into adulthood. Janet reported that a team consisting of Jane Hayward, Secretariat of Health and Human Services; Patricia Martinez, Director of DCYF; Kathleen Spangler, Acting Director of MHRH; an MHRH consumer; a DCYF youth consumer; a youth coordinator; parent representatives; Kids Count of Rhode Island; John Young from DHS; Jennifer Woods of the Department of Education; and the Child Advocate all met in New Mexico last August.

Janet explained that their work in New Mexico was to determine a starting point, a mission, and to identify goals regarding transition; and then to return to Rhode Island with those goals to develop an action plan. Janet distributed the Plan that was created in New Mexico entitled ***Rhode Island Interagency Partnership for Youth in Transition (See Attachment I)***. Janet stated that the group

decided that it would be logical to add to established goals of the Transition Council out of the Department of Education which has a statutory mandate. This Council had established goals to work in collaboration with various people within the State to help youth transition into adulthood from within the education system. Janet reported that the Transition Council looked at what the needs of those youth were both from an educational, supportive, job training and job placement perspective.

Janet highlighted the The Plan developed at the policy academy. It describes *the goals* of the partnership targeting youths from ages 14 to 25 with mental health disorders and needs for support services transitioning into adulthood. *The purpose* of the partnership is to serve as the interagency body to examine the effectiveness of the current system and to develop policies and agreements to improve outcomes for youth.

Janet stated that the *Rhode Island Interagency Partnership for Youth in Transition* represents the work that they have undertaken now and the results they are looking for in terms of what they plan to do. She described the subsequent pages of the report as the work plan for this year. Janet plans to return at the end of this year to present an annual report to the Governor's Council demonstrating how much they have achieved.

Janet reported that it was decided in New Mexico to take a small cohort of youth transitioning into the adult system that had already been identified by DCYF to use as a pilot group. They plan to identify the needs of this cohort, where they have been successful in transition, and any gaps that may exist.

They will also be looking at data mapping by looking at data within State Departments, as well as other sources that will help them in pulling together and understanding what the needs of youth are and how they can create more sharing of information. Finally, there will be input from families and youth through focus groups to gather information about their needs.

Janet stated that this has become one of the priorities for the Children's Cabinet, and quarterly reports will be submitted to the Cabinet to monitor their work and vet any major policy or legislative changes and financing strategies. Janet opened the meeting for questions.

Reed Cospers stated that he was unaware of the statute creating the Transition Council and asked for the Citation for the law. Janet stated she did not have those exact details but that it is not a new statute.

Richard Leclerc stated that over the years there have been many efforts to address this issue and there may be some workgroups currently in existence between MHRH and DCYF, and asked if those resources will be pulled together to help in this process. Janet stated that this is their intention, but if there is anything that they don't know about, and they need to know about, she asked that it please be channeled to her in order to link those resources into the work they are trying to accomplish. Janet expressed that it is intensive work, especially given the timeline over this next year.

Reed Cospers suggested that they look at this issue objectively and at this group of people who cannot take care for themselves and deserve, as a matter of the social contract, some safe placement and interventions. Reed does not think that there are enough resources to create the continuum that is dreamed about.

Janet stated that the delegation that attended the Policy Academy took on addressing that more intensive continuum of care as a commitment starting with a cohort of youth that are currently in the system.

Richard Leclerc asked how they define the youth in the system.

Janet stated that they are starting with the youth that are in DCYF care, but would like, eventually, to go broader than that. They wanted to make their first year very clear and very doable. Therefore, their target is youth with serious mental health issues, and youth who have some combination of substance abuse, mental health, and possibly some developmental disabilities.

Janet then distributed information regarding a grant through SAMHSA that was awarded to Rhode Island through DCYF as of October 1, 2005 entitled the ***Positive Educational Partnership (PEP)*** (***See Attachment II***). Janet spoke about Project Reach, which established the Child Adolescent Social Service Program (CASSP) system in Rhode Island which set up the Local Coordinating Councils (LCC's) throughout communities across the state.

Project Hope, which was DCYF's second systems-of-care grant from SAMHSA, took the work that had been done for Project Reach in establishing a foundation for children and families and then targeted a very specific population of youth who were transitioning from the Training School back into the community and linked them with the services that CASSP provided. The Project Hope grant ended recently, and in the process of winding down, they applied for another grant from SAMHSA and were awarded this grant, which for the first time in Rhode Island, allows them to focus on early childhood and elementary school age children and their families. The target of this grant is to weave the infrastructures of what have been two very separate systems in Rhode Island – the elementary educational system through the Department of Education and the local educational authorities with the CASSP system.

Janet referred to the ***fifth page of Attachment II***, Positive Behavioral Support (PBS). Janet explained that the Department of Education is committed to Positive Behavioral Intervention and Supports (PBIS) which is an evidence-based practice for schools that fosters commitment from everyone from within the entire school system. It is a way of transforming discipline to having an environment of support and positive reinforcement in terms of how behavioral problems are handled in the school.

Janet referred to the ***sixth page of Attachment II***, and described the PBIS three-tiered approach to prevention and intervention. Tier 1 (80 to 90 percent) is called the primary prevention area. Tier 2 (5-10 percent) are the kids who may have some behavioral problems. DCYF and the State spend the most money on the needs of the kids in the top tier which is Tier 3 (1-5 percent). These kids have intensive behavioral problems, serious emotional disturbance and also substance abuse problems that of those. These children often end up being served in public assistance through the State. While this is the target group for the grant; the grant more specifically targets how DCYF works with schools that have made the commitment to PBIS by practicing PBIS.

Janet reported that the first year of the grant is a planning year. This planning will be conducted by a steering committee composed of representatives from the Department of Education, DCYF, MHRH, Department of Elderly Affairs, and the Department of Human Services, along with community organizations representing various youth and family groups, particularly diverse populations. The membership of the steering committee is being reviewed, and there will be further conversations

regarding who else needs to participate. That group will be charged with guiding a process in developing the plan and assuring that it is inclusive of families respectful of diverse cultures and diverse populations along with working with DCYF in developing the final strategic plan for implementation.

The last five years of the grant will be for implementation of how services are provided within the schools and linking school personnel with services within the community. Janet described some of the other materials in Attachment II as principles that DCYF is following for the development of the grant. She stated that the grant is 9 million dollars over the course of six years and the money is to be used for building infrastructure and for training staff supporting family members and youth to work in the development of the system, as well as onsite at schools and in the community. It is not intended for additional services. The grant was written to gradually wind out of the Federal money over the course of the six years through a State match.

Janet reported that there were 16 committed schools of 30 that were identified in the first cohort of schools that have been trained. She stated that another invitation went out to a different cohort of schools that will be trained on March 1 through Dr. Tony Antouge who is heading the movement of PBIS at Rhode Island College.

Representative Long requested a list of all of the schools that will be involved in the grant.

Janet suggested that Dr. Tony Antouge come to a Council meeting to talk more specifically about PBIS, because he now has some experience with schools that have begun to practice PBIS.

Representative Long asked if this system works with the Child Opportunity Zones (COZs) Janet stated that she would need to get back to him on that. Representative Long stated that the COZs is a school-based system that helps families by pointing them in the right direction to receive services that they may need, and he was curious if there is an interface between them. Janet stated that this work is going to include all of those groups.

Janet distributed a draft of the ***Regulations for Mental Health Emergency Service Intervention for Children Youth and Families (See Attachment III)***. Janet stated that this document refers to legislation that was introduced to observe the development of a continuum of children's behavioral health programs. Janet reported that there was a group of providers and family members, legislatures, and state department personnel who met for a series of discussions about the aspects of both emergency services and diversion from hospitals. Jane Hayward headed the group and a report was written to the Governor and the General Assembly at the end of those meetings. Two subcommittees were formed during that time. One looked at the services gaps and implementation and the second subcommittee looked at data from the hospitals, DHS, and DCYF, to understand data across the board.

Janet stated that the above-mentioned report to the Governor is a public document that recommends some possible models for setting up a children's behavioral health continuum. Janet reported that DCYF is waiting for feedback from the General Assembly, the House and House Finance Subcommittee Chairs and the Governor regarding what the next steps will be. Janet also reported that Chris Counihan at DCYF has been working on their Emergency Services Regulations and Certification. Janet introduced Chris to report about the development of those regulations.

Chris stated that two summers ago preliminary information was gathered and a report was written and once the legislation was passed, a group of advocates worked to establish standards for Emergency Services. The draft regulations speak to three important elements that don't currently exist. One of them is ***standards of accountability*** with regard to the turnaround times, with a reasonable time being 120 minutes. Second is that there are ***standards of Child-Family Competency*** which promote less

restrictive services than putting someone in a locked facility 24-hours a day. The third is to *collect data* regarding what is occurring. Chris reported that the mental health centers were asked in July to start submitting monthly reports which they have. They discovered that about 30 percent of the children who were admitted to the hospital were seen by one of the mental health centers. They are not sure where the other 70 percent came from.

Chris stated that the regulations will be formally promulgated next month and that there will be a public hearing and then providers will be invited to apply to become licensed as emergency services providers. Chris reported that the legislation calls for all of this to happen by May 1, 2006. Chris clarified that there are many questions about utilization review or directing care and stated that this is a service just like outpatient therapy or a diagnostic interview or psychological testing. Emergency service is a service and within that the obligation of the person doing the evaluation needs to be able to say “what is the next step for that person,” and very often it is about life-threatening emergencies that requires going into a hospital or a more restrictive setting. The approval or the utilization review for that step remains with the insurance company who is overseeing the care and authorizing payment to the facility that is going to be seeing the client.

Richard Leclerc asked what governed the date to have this in place by May. Chris stated that it was in RIGL 40.1-5-8-29. Chris stated that it says that “all children will be evaluated by a licensed emergency service provider beginning on May 1.”

Richard asked if this applies to all health care plans. Chris answered “no, it does not,” and stated that the legislation speaks to only publicly-funded children. Chris added that Emergency room staff will also need to be licensed as emergency service providers.

Richard asked if any studies have been conducted regarding the ramp-up time needed to comply with these regulations or any fiscal note for organizations that would like to comply. Chris stated that it is requested in the regulations that the providers submit a budget for the cost. An application will be available once the regulations are formally promulgated. DCYF has a small amount of funds contracted with the mental health centers, and there is a potential to match those state funds with Medicaid funds.

Chris stated that the Draft is not a public document and asked that if anyone has any thoughts on it, DCYF would appreciate incorporating them prior to promulgation.

Richard Leclerc asked where he could obtain a copy of the report to the legislature. Janet stated that she would get back to him regarding that issue. Richard asked that a copy be e-mailed to Mary Ann Nassa at mnassa@mhrh.ri.gov so that it could be included with the minutes. Janet stated that the body of the document is about 35 pages in terms of the recommendations and the summation, but the rest of the document is the meeting notes and comments from other organizations.

Richard stated that he is aware that the report gives options and some are compatible and some are not, but asked if there is plan to add a fiscal note to it. Janet stated that in the original request was that there be fiscal recommendations as part of it. Janet stated that she does not have an answer to that because they are awaiting directions for the next step.

Richard strongly urged that everyone review the report. He stated that a lot of work has gone into it, and it contains some exciting and controversial aspects, along with questions regarding the costs, which will create ongoing discussions within the legislature and this Council over several sessions.

UPDATES FROM MHRH

Craig Stenning introduced John Murray to make a brief presentation as to the status of the Division’s budget that was recommended by the Governor.

John reported that the Division's budget proposed by the Governor is in the sum of \$109 million. It is approximately \$80 million in mental health services and \$29 million in substance abuse services. He stated that the budget is financed by \$57.1 million in General Revenue funds and almost \$52 million in federal funds.

John stated that in terms of the components of the budget, roughly 5 percent is for internal operations and the remaining goes out in the form of purchased services, either non-Medicaid funded services or Medicaid; and in the instance of mental health, 4 percent of the overall Division's budget is related to the Community Medical Assistance Program (CMAP), which is pharmaceutical assistance. In terms of purchased services, the Mental Health side predominantly relies on Medicaid funded services, representing 90 percent of the overall purchased services in mental health; and it is the inverse in Substance Abuse, where it by and large relies on non-Medicaid funding, particularly the Substance Abuse Prevention and Treatment Block Grant that supports prevention, intervention and treatment services.

John further stated that the Governor's budget poses some specific savings initiatives. Among them are:

- \$2.5 million in RIACT service changes that would be comprised of a combination of rate changes to the existing RIACT I and the implementation of RIACT II.
- \$1.35 million with the consolidation of inpatient psychiatric hospital services and detoxification procurements. He stated that right now they are procured separately. The inpatient psychiatric hospital is the Butler contract and detoxification is run by SSTAR. The savings would occur through a combination of money drawn from inefficiencies, administrative overhead, and by creating some opportunities for alternative levels of care.
- \$1.1 million in General Revenue funds through the elimination of the 2.2 percent COLA to contract providers that went into effect on January 1 FY 07. As part of that initiative, the Governor proposes to roll it back effective March 1 FY 06, creating an additional savings of \$350,000.
- \$119,000 in savings by reduction of 25 percent of legislative grants. The Governor has recommended that the General Assembly decide who would be cut.

Other reductions include:

- 5 percent reduction in positions. John stated that the proposed reduction would translate into a loss of two to three positions within the Division of Behavioral Health, which currently has 48 FTE. He stated that since 2000, the division has lost 4 positions and 2 have been added that are specifically authorized positions associated with federal categorical grants, including the Adult Drug Court and State Incentive Grant (SIG).

Future Considerations:

- John stated that the Division needs to be careful in their consideration of how this might affect maintenance of effort (MOE) going forward. Both the Mental Health and Substance Abuse block grants are required to maintain expenditures as the average of the two prior years. If expenses fall below that, Rhode Island could be subject to a dollar-to-dollar reduction within the two block grants. The Mental Health is the smaller block grant, currently valued slightly in excess of 1.4 million dollars. The larger exposure would be in the Substance Abuse area where the grant is worth 6.6 million and is a significant part of the purchase of service for the prevention and treatment system.

Richard Leclerc asked John how close the Division is to not meeting its maintenance of effort requirements. John stated that it is very close; but it has not fallen below, particularly in the substance abuse area where Medicaid is a much smaller player and the appropriations tend to be level each year.

There was some discussion regarding the Butler contract (psychiatric hospital services) and the SSTAR contract (detoxification services). Craig Stenning stated that a committee is working to create a lead agency RFP to provide this level of service. Craig stated that they expect some partnerships to be involved in applying for the RFP. Craig stated that there are hopes that this will create a better-coordinated system of care.

Kathleen Spangler, Acting Director of MHRH, stated that within the context of the personnel reforms that have been recommended, one of the things that needs to be considered by the Department and by those concerned with getting services to individuals, is that with the disincentives to stay and with a workforce of 2,000 people, over 500 are currently eligible to leave the workforce through retirement. Those are individuals who have 28 years of service at any age, or 60 years or older with 10 years of service. She stated that if you look at the Department's budget, it will require great advocacy and great collaboration to continue to assure that services be provided to the individuals that we are committed to providing these services to.

Kathleen stated that she does not recollect any year where the current fiscal year revised was introduced as a separate piece of legislation from the next fiscal year's proposal. This year, fiscal 06 is a separate bill, and 07 is also a separate bill, stating that she is presently waiting for guidance.

Representative Long stated that some of things that the Governor is proposing can be done without legislation, but most of the things that are being requested require legislation. Representative Long also stated that the Governor has a responsibility to balance the budget and to present a document that balances the budget in the current and in the next year and that is his suggestion to balance the budget. The legislature will then be required to balance the budget probably in some slightly different manor.

Craig Stenning announced that on Sunday, February 19, there would be two anniversary events held at the site of the Station Fire at 2 p.m. the families are sponsoring a memorial and at 7 p.m. in the Governor's State Room there will be a presentation of the new Rhode Island Hope Award going to two individuals who were involved either in the immediate response to the fire or in the recovery activities after the fire.

Craig distributed a report of the Federal review of the co-occurring policy plan submitted to the federal government after the ***Third National Policy Academy on Co-Occurring Substance Abuse and Mental Health Disorders (See Attachment IV)***. Craig reported that he was pleased with their review.

Craig announced that at the end of the week the Director along with Tom Martin and Jim McNulty will attend a conference entitled Transforming the Mental Health System.

Craig reported that they have received calls regarding the State Incentive Grant and it is continuing through September 29, 2006. MHRH has requested an eight-month, no-cost extension of the grant – this would be in addition to the two years of extension previously granted.

ADJOURNMENT AND NEXT MEETING

There was no further business. Upon motion made and seconded, the meeting adjourned at 2:45 p.m. The next meeting of the Council is scheduled for **Thursday, March 9, at 8:30 a.m. in the first floor Conference Room 126 at the Barry Hall Building.**

Minutes respectfully recorded and written by:

Mary Ann Nassa
Secretary, Governor's Council on Behavioral Health

Attachment I: Rhode Island Interagency Partnership for Youth in Transition

Attachment II: Positive Educational Partnership (PEP)

*Attachment III: Regulations for Mental Health Emergency Service Intervention for Children Youth
And Families*

*Attachment IV: Third National Policy Academy on Co-Occurring Substance Abuse and Mental
Health Disorders*